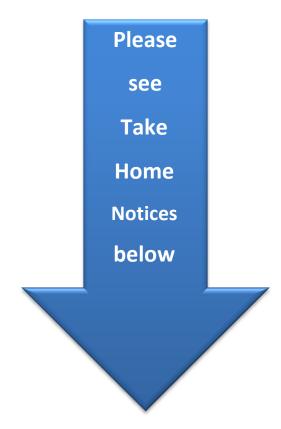


Vinton Take Home Notices for the Week Ending December 18, 2015

1. Community Center Recreation Rescue to the CT Science Center on January 19, 2016



No School, No Problem! Join Us For

Recreation Rescue CT Science Center







Tuesday, January 19, 2016

Mansfield Middle School Gym, 7:30 a.m. – 5:30 p.m.

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Time	Activity-354003-A
7:30-9:30	Drop off/Open Play in MMS Gym
9:30-4:30	Trip to the Connecticut Science Center in Hartford – Today we will be visiting this state of the art science museum. We will have lots of time to explore the 150 hands on exhibits. Visit ctsciencecenter.org for more information.
	Please send a lunch with your child on this day.
4:30-5:30	Return from Trip - Open Play/Pickups

GRADES: K-8

LUNCH: Please pack a lunch and snack that does not require refrigeration with your child today.
CHECK-IN: A parent or guardian MUST come into the school to drop off and pick up their child. This

is for the safety and protection of your children. Thank you for your cooperation.

COST: \$47 resident (per child) \$57 non-resident (per child)

### REGISTER NOW - SPACE IS LIMITED!

UPCOMING REC RESCUE ON MAR. 24th

TO DAVE & BUSTERS!



Visit WWW.MANSFIELDCC.COM OR CALL 860-429-3015, EXT. 0 FOR MORE INFORMATION

#### ACTIVITY REGISTRATION FORM

REGISTRATION CAN BE DONE

ONLINE AT: MANSFIELDCC.COM

PLEASE CHECK REGISTRATION DATES. PLEASE PRINT CLEARLY!

MAIL TO:

Mansfield Parks & Recreation Department

		South Eagleville	-						_			
		Contact/Paren	t/Guar		iary Contact (include address if different)  Name:							
Name: Address:						Name: Address:						
	wn: Zip lone: (H) (W)					Town: Phone: (H) (W)						
(Ce		(**)			34 MT 34 MT							
	ail Address:				(Cell) Email Address:							
Em	all Address:				Eman	Autu	ress:		!			
LO	CAL Emergency	Contact (Other	than p	arent/guardia	n. i.e s	erani	dparent, neigh	hor.etc.)				
	Name: Phone:											
					•			•	_	•		
	ivity #	Activity Name		Participant's I	Last First Name Birth				Sex	Fee		
/Le	tters			Name				Date				
						Co	ntribution to Sc	holarship F	und			
								TOTAI	<u>.</u>			
Somi infor	Please Check here Mansfield resider mation and an ap	nts may be eligibl plication	e for lo	w-income fee red			•	ts & Recreat	ion Office fo	r more		
20.5		ill details below for each participant: rade (if child)   School (if child)   Physician				Allergies, Special Asst., Meds, Other Info:						
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4												
PA	MENT INFORM	ATION: Please	make	checks payabl	e to: T	own	of Mansfield					
	ment method:			ish (in office on				MC/Visa (i	n office			
onl	y)			_								
(56	parate checks re	equired for each	ı progr	am)								
<u>CI</u>	REDIT CAR	DS PAYM	ENT	S ACCEPT	ED (	DNI	LINE OR I	N-PERS	ON ON	<u>LY</u>		
Sig	nature				ı	Date						
	ER OF PARTICIPANT											
	ors, employees, agents cipation of my minor			· ·			· ·	- W				
that	lves risk, and I grant I or my minor child	l may incur. I furth	er unders	stand that the Town	of Man	ifield	does not provide i	naurance for r	recreational pro	gram.		
_	cipants. PHOTO RELA Med in recreation acti		_					- Table 1		_		
enrolled in recreation activities, classes or programs. I hereby release and permit the Town of Manafield to utilize for said promotional purposes any photographs and /or videotages of me or my minor child engages in the above listed recreational activities.												
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Signs	turc			D:	ntc							